S. N. 11-5-17-39 I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942 934

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3730

Primary Registration District No. 6026

Registrar's No.

95 0 0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: St. Genevieve

(b) City or town: Farmington, Mo- R.F.D. No 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Union Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Genevieve 95

(c) City or town: Farmington, Mo R.F.D. No 2
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Mrs. Rachel E. Stark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Robert Stark

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: June (Month) 3 (Day) 1869 (Year)

8. AGE: Years 72 Months 6 Days 8 If less than one day hr. min.

9. Birthplace: Farmington, Mo R.F.D. No 2 (City, town or county) (State or foreign country)

10. Usual occupation: Housewife.

11. Industry or business:

MOTHER FATHER

12. Name: Mr. Henry Bradley.

13. Birthplace: Robinson Tenn. (City, town, or county) (State or foreign country)

14. Maiden name: Minerva Gossett

15. Birthplace: Robinson Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Edgar Stark (Son)

(b) Address: Farmington, Mo- R.F.D. No 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation: Salem Cemetery

18. (a) Signature of funeral director: Alwyn Hood

(b) Address: 303 Crawford St- Flat River Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day Dec year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Dec 6, 1941, to Dec 11, 1941, that I last saw her alive on Dec 10, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): G30	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: R Applebury (M. D. or other)

Address: Farmington Date signed: Dec 13 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 142-53

Date Filed 1-13-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Alvin W. Hall

Licensed Embalmer No. 303 Crane St.

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

V. S. No. 2B
0M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1422

Registration District No. 934 Primary Registration District No. 6026 Registrar's No.

1. PLACE OF DEATH:

(a) County St Genevieve

(b) City or town Farmington, Mo RFD No 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Rachel E Stark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Stark

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June (Month) 3 (Day) 1869 (Year)

8. AGE: Years 72 Months 6 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Apr. 26-42 (Date received local registrar) (b) Jos Joseph A Gaesner (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed